



**Date:** October 24, 2007

**From:** Scientific Program Committee, 57th Annual EIS Conference  
Eric Mintz, MD, MPH, National Center for Zoonotic, Vector-Borne, and Enteric Diseases,  
Scientific Program Committee Chair  
Bruce Bernard, MD, MPH, National Institute for Occupational Safety and Health, Scientific  
Program Committee Co-Chair

**Subject:** Call for Abstracts — Epidemic Intelligence Service (EIS) Conference, April 14–18, 2008

**To:** EIS Officers and Alumni

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**The 57th Annual EIS Conference will be held April 14–18, 2008. The site of this year's Conference will be announced in early January 2008.**

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The Conference primarily highlights epidemiological contributions of current EIS officers. EIS alumni may also submit abstracts for consideration by the Scientific Program Committee. In reviewing abstracts, the Scientific Program Committee will consider both abstract quality and program balance. For this year's program, two presentation categories are being considered: oral and poster. Each category will consist of excellent abstracts on a variety of topics.

## **Submission of Abstracts and Continuing Medical Education (CME) Documents**

**Deadline for Submission.** Edited and cleared abstracts and supporting documentation must be received by Friday, January 11, 2008. Abstracts received after this date will not be considered.

**NOTE:** CIOs will set their own (earlier) deadline for abstracts to be submitted for clearance within the CIO.

**Preparation.** Included in the “Call for Abstracts” are the attached document, “2008 Call for Abstracts.doc,” procedures for submitting an abstract, technical instructions for abstract preparation, and a sample abstract. These documents will also be available online after November 9, 2007 at <http://www.cdc.gov/eis/conference/conference.htm>

**Transmission.** Abstracts and supporting documentation should be submitted as email attachments (in Microsoft Word) to: [EISConfAbstracts@cdc.gov](mailto:EISConfAbstracts@cdc.gov)

**NOTE:** Abstracts also will be accepted on a 3.5” floppy diskette, 700 mb/ 80 Min CD-R, or a flash drive sent to Ms. Dorothy Jones, EIS Program Office, 1600 Clifton Road, MS E-92, Atlanta, GA 30333. Abstracts submitted on diskette, CD, or flashdrive must be received by Friday, January 11, 2008.

**Evaluation.** The Scientific Program Committee will use the EIS Conference Abstract Evaluation Form when reviewing each abstract. Your abstract should address each of the six components listed on the form. A copy of this form is included in this document.

**Continuing Medical Education (CME).** To meet the requirements for offering continuing education at the conference, we ask that you complete the required forms at time of abstract submission. When submitting your abstracts, also attach a completed: Biographical Data Form and Conflict of Interest Disclosure Form for each abstract.

**Acceptance/Rejection Notification.** EIS Officers and alumni who submit abstracts will be sent notifications by February 15, 2008. Acceptance letters will indicate the type of presentation to prepare (oral or poster). If the Scientific Program Committee determines an abstract needs to be rewritten, the abstract will be returned before being accepted.

### **DONALD C. MACKEL MEMORIAL AWARD**

The EIS Alumni Association will sponsor the 23rd Donald C. Mackel Memorial Award, to be presented during the Conference. This award recognizes the presentation that best exemplifies the effective application of a combined epidemiological and laboratory approach to an investigation. Presentations for which the first author is a current EIS Officer and at least one coauthor is a laboratorian (CDC, state health department, or other) may be considered for the award. The Mackel Committee will NOT consider any abstract for the Mackel Award if laboratory results are not included in the abstract.

The Donald C. Mackel Memorial Award Committee, co-chaired by representatives from the Coordinating Center for Infectious Diseases and the National Center for Environmental Health, will be responsible for selecting the year 2008 winners.

Instructions on how to notify the Scientific Program Committee of your interest to be considered for the Mackel Award and instructions for nominating your abstract for consideration for the Mackel Award are included at the end of the document.

### **J. VIRGIL PEAVY MEMORIAL AWARD**

The EIS Alumni Association will sponsor the 6th J. Virgil Peavy Memorial Award, to be presented during the Conference. This award recognizes the presentation that best exemplifies the effective application of statistical methods to an investigation. The J. Virgil Peavy Memorial Award Committee will be responsible for selecting the 2008 winner. The Peavy Committee will not consider any abstract for the Peavy Award if statistical methods are not clearly described in the abstract.

If you wish to be considered for the Peavy Award, please indicate your interest in the identification block of the abstract. Instructions for nominating your abstract for consideration for the Peavy Award may be found in the Peavy Award instructions at the end of the document.

## **INTERNATIONAL NIGHT**

The International Night session, sponsored by the Office of Global Health, Office of Workforce and Career Development (OWCD), and the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET), has been a regular evening feature of the EIS Conference. International Night provides an opportunity for presentations by EIS officers and trainees from Field Epidemiology Training Programs around the world.

This year, the Scientific Program Committee, in collaboration with Office of Global Health and TEPHINET, is offering EIS officers an opportunity to present during the International Night session and receive credit for presentation at the EIS Conference. If you are willing to present at International Night, please indicate your interest in the identification block of the abstract.

## **MORE INFORMATION**

If you have any questions, please contact Dorothy Jones at 404-498-6110 (phone) or 404-498-6535 (fax). The Call for Abstract documents may also be found on the EIS website at <http://www.cdc.gov/eis/conference/conference.htm>.

We are looking forward to the 57th Annual EIS Conference, April 14–18, 2008, and hope to see you there!

## **ABSTRACT INSTRUCTIONS**

### **Procedures and Deadline**

- Cleared and edited abstracts must be RECEIVED in the EIS Program Office by January 11, 2008. Abstracts should be submitted as email attachments and sent to: [EISConfAbstracts@cdc.gov](mailto:EISConfAbstracts@cdc.gov).
- Your CIO's deadline will be earlier than this date to allow time for Center clearance. Please consult your CIO Editorial Office for their submission date.
- If you do not have access to electronic mail, send the abstract and supporting documents as Word documents on a 3.5" floppy diskette, 700 mb/ 80 Min CD-R, or a flash drive, along with a printed copy to:

Dorothy Jones ([eaq6@cdc.gov](mailto:eaq6@cdc.gov))  
2008 EIS Conference Coordinator  
Office of Workforce and Career Development  
Centers for Disease Control and Prevention  
1600 Clifton Road, NE, MS E-92  
Atlanta, GA 30333

- If you have questions, please contact Ms. Jones at 404-498-6110 (telephone) or 404-498-6535 (fax).

### **Evaluation Guidelines**

- Each abstract will be reviewed by at least three reviewers according to the following six criteria: 1) significance to public health, 2) background and rationale for study, 3) appropriateness of methods, 4) presentation of results, 5) conclusions and interpretations of results, and 6) overall clarity of abstract.
- Since some or all of the reviewers and those attending the conference may not be familiar with the subject matter, the author should explicitly address the public health significance of the subject and the rationale for the study. "Public health significance" refers to the magnitude of the health event, its seriousness, or its perceived importance to the public. The rationale should indicate why the study is being done (e.g., to answer a new question, to replicate a previous study to determine if the findings are replicable, or because of a public health need).
- Abstracts will be considered as candidates for either oral or author-attended poster sessions. Once an abstract is accepted, the Scientific Program Committee will determine whether it is more appropriate for oral or poster presentation, on the basis of its complexity, need for graphic illustration, and other criteria (e.g., whether or not more than one abstract by an author has been accepted, the themes chosen by the committee for oral and poster sessions, etc.). Assignment to an oral or poster session will be independent of the overall score given to the abstract in the selection process.

### **Instructions for Abstract and Supporting Documentation Submission**

- Use Microsoft Word to create abstract. Save each abstract and other documents as separate files and use the following naming convention for each of the files:

Document	Naming Convention	Example
Abstract	Last name_abs.doc	Johnson_abs.doc
Biographical Data Form (or CV)	Last name_bio.doc	Johnson_bio.doc

Conflict of Interest Disclosure Form	Last name_disc.doc	Johnson_disc.doc
Mackel Award Submission Form	Last name_mac.doc	Johnson_mac.doc
Peavy Award Submission Form	Last Name_pea.doc	Johnson_pea.doc

- If you are submitting more than one abstract or other documents (e.g., two abstracts, Mackel Award forms, Peavy Award forms, and disclosure forms), use your last name, the appropriate characters, and a number to distinguish the various files (e.g., johnson\_abs1.doc, johnson\_abs2.doc, johnson\_mac1.doc, johnson\_mac2.doc, johnson\_pea1.doc, johnson\_pea2.doc, etc.).
- Abstracts may not exceed 275 words in length.
- This word count includes the subheadings of the structured abstract (Background, Methods, Results, Conclusions) but does **not** include the title, author list, and information in the heading (the identification block), or key words. A word count is easily obtained by selecting the appropriate text of the abstract and then choosing the “Word Count” command in the “Tools” menu of Word.
- Justification: left aligned only
- Because of production limitations, no graphics can be accepted.

#### **Abstract Format (See sample abstract)**

##### **1. Identification Block: type the following, flush left, single-spaced**

- Presenter's/first author's name (last name, first name, middle initial), degrees, complete mailing address (CDC or other institution), and complete office telephone number. If the address is a CDC address, include center, division, branch, and mailstop.
- EIS Class Year of Entry—20\_\_
- Previous EIS Conference presentations, if any. Indicate year and type of presentation, e.g., oral, poster, and/or late-breaking report.
- Mackel Award consideration: yes \_\_\_\_ no \_\_\_\_
  - If yes, submit supporting information on attached form (Mackel Award Submission Form in Mackel2008.doc). Note that this supporting material should be submitted at the same time as the abstract itself and should be in a separate electronic file.
- Peavy Award consideration: yes \_\_\_\_ no \_\_\_\_
  - If yes, submit supporting information on attached form (Peavy Award Submission Form in Peavy2008.doc). Note that this supporting material should be submitted at the same time as the abstract itself and should be in a separate electronic file.
- Willing to present at International Night: yes \_\_\_\_ no \_\_\_\_
- Are there extenuating circumstances that would prevent you from presenting your paper in an oral session? yes \_\_\_\_ no \_\_\_\_
  - If yes, please discuss with your Center’s Scientific Program Committee representative.
- Number of abstracts submitted: \_\_\_\_ If more than one, priority of this abstract: \_\_\_\_\_

- If you are submitting more than one abstract, please indicate the priority of each one (e.g., first, second, etc.)

**2. Authors' names: type flush left.**

- First author (presenter). Type the full first name and middle initial, if any, before the last name (e.g., John H. Jones).
- Co-authors. List each co-author in order of contribution by typing one initial followed by the last name (e.g., D. Smith, S. Brown).

**3. Abstract title: type flush left.**

- Be brief. Avoid subtitles if possible.
- Capitalize major words only. Capitalize the second component of hyphenated terms.
- Do NOT use abbreviations or acronyms in title.
- Give geographic location (country, state or city) and dates of study or investigation. Do not abbreviate geographic locations; separate them from the rest of the title by an *em* dash with a space on either side of the *em* dash (e.g., "Outbreak of Pneumonia — Texas, 1995")

**4. Body of the abstract:**

- Double-space text in the body of the abstract.
- Structure the abstract, using the following subheadings to identify each section: **Background, Methods, Results, Conclusions**.
- Each subheading should be typed flush left, in bold font, and followed by a colon.
- The **Background** section should address both 1) the public health significance of the subject and 2) the scientific background and rationale for the study (see sample abstract).
- Since an abstract is a citable document, the **Results** section must contain data. It should not include such statements as "Data will be discussed." *If considerable work is needed before the conference, please state in the abstract that results are preliminary.*
- Because of time constraints, changes cannot be made to the abstract after it is submitted to OWCD. You may find, however, that the results and conclusions of the study do change, based on data analysis done after submission of the abstract. If your abstract is accepted and significant changes have been made after submission of the abstract, please highlight the changes in your presentation, whether oral or poster.

**5. Key words:**

- Please include 4–6 key words; use terms listed in the Medical Subject Headings (MeSH) from the Index Medicus (<http://www.nlm.nih.gov/mesh/meshhome.html>).

**6. Word Count:**

- Abstracts are limited to a maximum of 275 words (see instructions above). If an abstract exceeds this length the review committee will either; a) deduct points from the final abstract score, b) truncate the abstract at 275 words, or c) reject the abstract outright.

**Style Guidelines**

The *CDC Style Guide*, available at <http://intranet.cdc.gov/od/dimes/guides/style/style.pdf>, is a helpful reference tool.

- Avoid the use of jargon, such as “cases” for “patients.”
- Always abbreviate CDC and ATSDR, but define all other abbreviations upon first use in the abstract, except for those used in standard measurements.  
Example: “oral contraceptives (OC)” but “25 mg/L”
- Use an *en* dash “–” with no spaces between characters to indicate ranges (e.g., “2002–2005, “12%–20%”).
- Hyphenate time periods used as modifiers (e.g., “36-hour incubation period”), but do not hyphenate the following prefixes: anti, inter, intra, non, pre, and post.
- *Etc.* has no place in scientific writing. Use *e.g.* and *i.e.*, which have different meanings, with care, and use them only within parentheses.
- Spell out numbers less than 10 except in the case of standard units of measure such as time, dose, and temperature (e.g., “two patients,” but “2 cc” and “9 p.m.”).
- Use commas with numbers larger than 999 (e.g., “1,243 samples”).
- Use metric units. Show conventional terms, if desired, in parentheses.  
Example: “0°C (32°F).”
- Use standard “mL,” “cm,” etc. Exception: Use “L” for liter.
- Use “%” with specific measurements (e.g., “2%”), but use “percentage” in stating a generality or category (e.g., “The percentages reflect. . .”).
- When a percentage is given in addition to a numerator and denominator, the percentage should directly follow the numerator and be enclosed in parentheses (e.g., “18 (86%) of 21 patients”).

## SAMPLE ABSTRACT

Anderson, Mark A., MD, MPH, NCIPC, Division of Violence Prevention, Youth Violence Prevention Team, Mailstop K-60, 770/488-4762

EIS Class Year of Entry: 1996

One late-breaker presentation at 1997 EIS Conference

Mackel Award consideration: no

Peavy Award consideration: yes

Willing to present at International Night: yes

Number of abstracts submitted: 2    Priority of this abstract: 1<sup>st</sup>

Mark A. Anderson, T. Simon, J. Sacks, A. Crosby

Suicidal Ideation Among Victims of Physical Assault — United States, 1994

**Background:** Although interpersonal violence is a known risk factor for suicide, the relationship between specific characteristics of violent assault and suicidal ideation, a predictor of suicide, are not well understood. Understanding this relationship is important because there are an estimated 3.2 million victims of interpersonal violence and more than 30,000 suicides every year in the United States.

**Methods:** In a 1994 random-digit dialing telephone survey, 5,238 adults were asked if they had considered suicide or been physically assaulted during the past 12 months. Logistic regression was used to generate adjusted odds ratios (AORs) for the association between suicidal ideation and physical assault. Among persons who had been assaulted, we modeled the number of victimizations, physical injury, and relationship with the perpetrator as predictors of suicidal ideation. All models included other risk factors for suicidal ideation such as sex, age, race, education, employment, marital status, and alcohol use as covariates.

**Results:** Overall, 5.6% of the respondents had considered suicide in the past 12 months. Among the 420 persons who had been physically assaulted, 21.5% had considered suicide, compared with 4.2% among nonvictims (AOR=3.5, 95% Confidence Interval [CI]=2.3–5.3). Within the subgroup of victims, the likelihood of suicidal ideation was greatest among persons who were injured during the attack (AOR=2.8, 95% CI=1.3–6.2) or had been attacked by someone they knew (AOR=3.8, 95% CI=1.6–8.9), particularly an intimate partner (AOR=8.7, 95% CI=3.0–25.3).

**Conclusions:** Suicidal ideation may be a potential consequence of previous interpersonal violence victimization, particularly if the victim is injured or the perpetrator is an intimate partner of the victim. Providers caring for victims of interpersonal violence should consider suicidal behavior as a possible sequela of assault.

**Key words:** suicidal behavior, assault, violence, risk factor, victim

Are there extenuating circumstances that would prevent you from presenting your paper in an oral session? yes \_\_\_\_  
no X

Word Count: 273



**EIS CONFERENCE ABSTRACT EVALUATION FORM**

**Scoring codes:**

4 = Outstanding

3 = Good

2 = Fair

1 = Poor

0 = Unacceptable

**Abstract number:**

**Total Score:**

**Reviewer Number:**

**EVALUATION CRITERIA**

**COMMENTS (must comment for all scores <1)**

<input type="text"/>	A. Significance to public health	<input type="text"/>
<input type="text"/>	B. Background & rationale for study	<input type="text"/>
<input type="text"/>	C. Appropriateness of methods	<input type="text"/>
<input type="text"/>	D. Presentation of results	<input type="text"/>
<input type="text"/>	E. Conclusions & interpretations of results	<input type="text"/>
<input type="text"/>	F. Overall clarity of abstract	<input type="text"/>

**Additional Comments:**

<input type="text"/>
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## 57th Annual EIS Conference — April 14–18, 2008

Name/Degrees	<input type="text"/>	Date Submitted	<input type="text"/>
Business Address	<input type="text"/>		
Telephone	<input type="text"/>	Fax	<input type="text"/>
E-Mail	<input type="text"/>		
Position/Title	<input type="text"/>		

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**DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS  
WITH COMMERCIAL INTERESTS**

Centers for Disease Control and Prevention Continuing Education  
57th Annual EIS Conference — April 14–18, 2008

Name and Credentials (Degrees)   
Title, Center, Location (EIS Officer)

We are pleased that you are willing and able to participate in this continuing education activity scheduled for April 14–18, 2008 in Atlanta, GA .

The Centers for Disease Control and Prevention (CDC) is accredited by multiple national accrediting organizations, and must meet their requirements for accreditation. These organizations include the Accreditation Council of Continuing Medical Education (ACCME), the American Nurses Credentialing Center (ANCC), the International Association for Continuing Education and Training (IACET), the National Commission for Health Education Credentialing (NCHEC), the Accreditation Council for Pharmacy Education (ACPE), and the American Association of Veterinary State Boards/Registry of Approved Continuing Education (AAVSB/RACE).

The Epidemic Intelligence Service (EIS) Conference is based on the identified training needs of Epidemic Intelligence Service (EIS) Officers. The primary purpose remains that of providing a training experience of scientific presentations (oral or poster) for EIS Officers, thus enabling EIS officers to satisfy one of the required Core Activities for Learning (CAL) for successful completion of EIS.

**Your role for this activity is:** (Check all that apply):

- ☐ Planner. My role is to maintain educational independence and/or professional standards.  
☐ Presenter/Content Expert: The content will relate to

Title of presentation/talk/content description

CDC has implemented a process whereby all persons in positions of control regarding the content of a continuing education (CE) activity have disclosed all relevant financial relationships. The following are definitions that pertain to this process:

1. “Financial relationships” are relationships in which persons benefit by receiving a salary, royalty, intellectual property rights, consulting fees, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefits.
2. Financial benefits are usually associated with roles (e.g., employment, management position, independent contractor [including contracted research], consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received or expected). This condition is applicable to the person involved in the CE activity, as well as a spouse or partner with any commercial interest.
3. “Commercial interest” is defined as any proprietary entity producing health-care goods or services, with the exemption of nonprofit or government organizations and nonhealth-care–related companies. If a conflict of interest exists as a result of a financial relationship you might

## Epidemic Intelligence Service

### 2008 EIS Conference Disclosure of Relevant Financial Relationships with Commercial Interests

have, this must be disclosed before the activity.

Please provide us with the following information by January 11, 2008. This information is necessary to move to the next steps in planning this activity. If you refuse to disclose relevant financial relationships, which are defined as financial relationships in any amount occurring within the past 12 months that create a conflict of interest, you will be disqualified from being a part of the planning and implementation of this CE activity. A conflict of interest is created when a person has an opportunity to affect CE content concerning products or services of a commercial interest with which he or she has a financial relationship.

4. In the column labeled Commercial Interest, list the names of privately owned organizations producing health-care goods or services, with the exemption of nonprofit or government organizations and non-health-care-related companies with which you or your spouse or partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose, we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.
5. Without disclosing dollar amounts, describe what you or your spouse or partner received. Examples of what was received include salary, royalty, intellectual property rights, consulting fee, honoraria, stocks, ownership interest, or other financial benefits excluding diversified mutual funds.
6. Describe your role with the commercial interest. Examples include employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, and board membership.

Commercial Interest	Nature of Relevant Financial Relationship (Include all that apply)	
	What was received	For what role?
<i>Example: Company 'X'</i>	<i>Honorarium</i>	<i>Speaker</i>

4. ☐ I do not have any relevant financial relationships with any commercial interests.
- 5a. Will your presentation(s) or the content you contribute include any discussion of unlabeled use of commercial products or products for investigational use?  
☐ YES   ☐ NO   ☐ NA (If Planner)
- 5b. If "yes," please explain your use of unlabeled products or products under investigational use.
- 
6. Is your presentation or the content you contribute supported by the best available evidence-based medicine in a further effort to avoid conflicts of interest?  
☐ YES   ☐ NO   ☐ NA (If Planner)

Signature \_\_\_\_\_ Date \_\_\_\_\_

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The Donald C. Mackel Memorial Award Committee, co-chaired by representatives from the Coordinating Center for Infectious Diseases and the National Center for Environmental Health, will be responsible for selecting the year 2008 winners.

**Instructions**

If you wish to nominate your abstract for the Mackel Award, please do the following:

1. On the abstract, in the identification block, include the following: “Mackel Award consideration: yes.”
2. Make sure that your abstract includes sufficient details about both epidemiological and laboratory studies so that the contribution of each component of the investigation and the degree of integration of the findings may be determined. NOTE: The Mackel Committee will NOT consider any abstract for which the laboratory results are not presented as a prominent part of the investigation.
3. Complete the attached form, answering questions 1–5. You are not limited to one page.
4. Submit completed Mackel Award Submission Form when you submit your EIS abstract.

## **MACKEL AWARD SUBMISSION FORM**

Name

Title of abstract

Name of laboratorian who was principal co-investigator (Note: a single laboratory scientist must be designated as principal co-investigator.):

- 
1. What are the substantive laboratory components of this investigation?

2. What new or unique contributions did the laboratory make to this investigation? Please describe in detail any new laboratory methods or innovative uses of existing lab methods that were instrumental to the success of this investigation (it is insufficient to state only that a new protocol was developed).

3. How did the laboratory co-authors contribute to this investigation?

4. Please describe how the laboratory and epidemiological components of the investigation complemented each other.

5. Please provide any additional comments you wish to make in support of your abstract for the Mackel Award.

**J. VIRGIL PEAVY MEMORIAL AWARD**

57th Annual EIS Conference — April 14–18, 2008

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The J. Virgil Peavy Memorial Award Committee will be responsible for selecting the year 2008 winners.

**Instructions**

If you wish to nominate your abstract for the Peavy Award, please do the following:

1. On the abstract, in the identification block, include the following: “Peavy Award consideration: yes.”
2. Make sure that your abstract includes sufficient details about statistical methods, results, and interpretation so that the contribution of each to the investigation may be determined. NOTE: The Peavy Committee will NOT consider any abstract for which the statistical methods, results, and interpretation are not presented as a prominent part of the investigation.
3. Complete attached form, answering questions 1–5. You are not limited to one page.
4. Submit completed Peavy Award Submission Form when you submit your EIS abstract.

## PEAVY AWARD SUBMISSION FORM

Name

Title of abstract

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1. What are the substantive statistical components of this investigation?

2. What new or unique contributions did the statistical methods make to solving or ameliorating this public health problem, not just for this investigation, but which can be generalized?

3. Please explain how the statistical results influenced your findings and led to public health action.

4. Please describe how the statistical and epidemiological components of the investigation complemented each other.

5. Please provide any additional comments you wish to make in support of your abstract for the Mackel Award.